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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/9/2013  
Date of Injury: 3/18/2011  
IMR Application Received: 8/5/2013  
MAXIMUS Case Number: CM13-0006778

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient's date of injury is March 18, 2011. A utilization review determination dated July 9, 2013 is available for review. The request was for continued occupational therapy two times a week for three weeks to the right upper extremity. the request was certified for continued occupational therapy two times a week for two weeks for the right upper extremity. A Doctors First Report of Injury or Illness dated September 19, 2013 is available for review. Subjective complaints state "cumulative trauma, overuse injury, right arm." Physical examination identifies "right shoulder guarded, limited motion, positive impingement signs, positive empty can test, right elbow tender, pain with resisted wrist flexion, (illegible) positive Tinel's, positive phalens, decreased sensation." Diagnosis states "right CTS, right lateral medial, epicondylitis, right shoulder impingement, rotator cuff tendinitis." stopped treatment plan states " x-ray right elbow, wrist, discontinue Flexeril, ineffective. Trial Robaxin. Return to clinic for cortisone injection right subacromial bursa, request physical therapy, right arm 2x4, request tens unit. PT for right shoulder, elbow, wrist 2x4." a progress report dated August 1, 2013 identifies subjective complaints stating "the patient reports that their condition is worsening. Patient reports they follow the treatment plan is directed. The patient states the treatment was tolerated." Treatment plan recommends norflex, lidoderm, and continue physical therapy treatment.

### IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. Continued occupational therapy 2 times a week for 3 weeks is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98, which is part of the MTUS and the Official Disability Guidelines, Forearm, Wrist & Hand Chapter, Physical Therapy, which is not part of the MTU.

The Physician Reviewer's decision rationale:

The CA MTUS guidelines state that physical therapy is recommended for short-term relief of symptoms during the initial phase of treatment. The ODGs recommend physical therapy, for specific diagnoses. The guidelines recommend nine therapy visits over a weeks for strains and sprains of the elbow and forearm, and they recommend 1 to 3 visits over 3 to 5 weeks for the treatment of carpal tunnel syndrome. The guidelines do not recommend ongoing treatment in the absence of documentation of functional improvement as well as continued objective deficits. Within the documentation available for review, it is unclear exactly how many therapy visits the patient has had thus far. Additionally, there is no documentation of any of objective functional improvement from the therapy already provided. Furthermore, it is unclear exactly what diagnosis the therapy is being requested to treat. In the absence of such documentation, the currently requested additional occupational therapy two times a week for three weeks is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0006778